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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
15390-000130

In re Application of BERNARD MALFROY-CAMINE

Application Number 08/973,576 Filed December 5, 1997

For TRANSVASCULAR AND INTRACELLULAR DELIVERY OF
LIPIDIZED PROTEINSGroup Art Unit
1644 Examiner
R. Schwadron

CH CENTER 1600/2900

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

- | | |
|---|-------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) MINUS 2-month
extension mailed on 8/21/02 | \$520 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |
- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 260 .
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.

I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

9/20/02

Date

Signature

Eugenja Garrett-Wackowski, Reg. No.
37330

Typed or printed name

09/27/2002 AWONDAF1 00000059 201430 08973576

02 FC:217

260.00 CH

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 form is submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

WC 9046908 v1

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 420)

METHOD OF PAYMENT (check all that apply)

Check Credit Card MoneyOrder Other None
 Deposit Account:

Deposit Account Number 20-1430

Deposit Account Name Townsend and Townsend and Crew LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)		
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra-Claims	Fees from below	Fee Paid
				X	=

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

*or number previously paid, if greater; For Reissues, see above

Complete if Known	
Application Number	08/973,576
Filing Date	December 5, 1997
First Named Inventor	Malfroy-Camine, Bernard
Examiner Name	R. Schwadron
Group Art Unit	1644
Attorney Docket No.	15390-000130

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FEE CALCULATION (continued)				
3. ADDITIONAL FEES	Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65		Surcharge - late filing fee or oath	
127 50	227 25		Surcharge - late provisional filing fee or cover sheet	
139 130	139 130		Non-English specification	
147 2,520	147 2,520		For filing a request for reexamination	
112 920*	112 920*		Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*		Requesting publication of SIR after Examiner action	
115 110	215 55		Extension for reply within first month	
116 400	216 200		Extension for reply within second month	
			Extension for reply within third month	
			MINUS two month extension mailed on 8/21/02	260
			Extension for reply within fourth month	
			Extension for reply within fifth month	
			Notice of Appeal	160
			Filing a brief in support of an appeal	
			Request for oral hearing	
			Petition to institute a public use proceeding	
			Petition to revive – unavoidable	
			Petition to revive – unintentional	
			Utility issue fee (or reissue)	
			Design issue fee	
			Plant issue fee	
			Petitions to the Commissioner	
			Petitions related to provisional applications	
			Submission of Information Disclosure Stmt	
			Recording each patent assignment per property (times number of properties)	
			Filing a submission after final rejection (37 CFR § 1.129(a))	
			For each additional invention to be examined (37 CFR § 1.129(b))	
			Request for Continued Examination (RCE)	
			Request for expedited examination of a design application	
			Other fee (specify)	

Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$420)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Signature	Registration No. (Attorney/Agent)	Telephone	Date
Eugenja Garrett-Wieckowski		37,330	925-472-5000	9/20/02

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